

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010909

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Register's District No.

FILED APR 2 1962

Primary Registration District No. 1002

Registrar's No.

1434

VS 300  
Rev. 4/59

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
R. Paul Wright

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in 1b <b>1 da</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Baptist Memorial</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>WILLIAM</b> Middle <b>R</b> Last <b>DUNLAP</b>		4. DATE OF DEATH Month <b>3</b> Day <b>10</b> Year <b>62</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1/16/1901</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Brick layer foreman</b>		11. BIRTHPLACE (City and state or country) <b>Walnut, Kansas</b>	
13a. FATHER'S NAME <b>William Dunlap</b>		14. NAME OF HUSBAND OR WIFE <b>Lura Mae Dunlap</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		17. INFORMANT Address <b>Mrs. Lura Mae Dunlap, 5727 Cedar, Raytown</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary occlusion, posterior, recurrent</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>arterio-sclerotic cardio-vascular disease</b> DUE TO (c) <b>-</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 hours</b> <b>? yrs</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <b>June - 1940</b> to <b>March - 62</b> and last saw <sup>her</sup> <b>live</b> on <b>March 10 - 62</b> Death occurred at <b>6:05 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS <b>1324. Prof. Bldg.</b>	
22a. SIGNATURE <b>R. Paul Wright M.D.</b> (Degree or title)	22c. DATE SIGNED <b>March 12 - 62</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>3/14/62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt Moriah</b>	
24. FUNERAL DIRECTOR <b>Sheil Colonial Funeral Home K C Mo</b>	25. DATE RECD. BY LOCAL REG. <b>3-12-62</b>	26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR  
TYPEWRITER RIBBON

Dr. Paul Wright

Professional Bldg., VI-2-1368

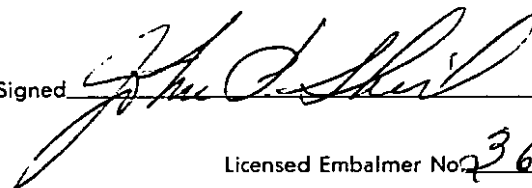
After 12:30

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
 or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
 working under my personal supervision.

Student \_\_\_\_\_  
 Signature of Student Embalmer

Signed



Licensed Embalmer No.

3625

P. O. Address

K.C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.